

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/914149

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
9		1					59						
10		2					60						
11		1					61						
12		1					62						
13		0					63						
14		0					64						
15		0					65						
16	1						66						
17	1						67						
18		2					68						
19		0					69						
20		0					70						
21		0					71						
22		1					72						
23		0					73						
24		0					74						
25		0					75						
26		0					76						
27	1						77						
28		0					78						
29		1					79						
30		1					80						
31		2					81						
32		0					82						
33		0					83						
34		0					84						
35		0					85						
36		0					86						
37		0					87						
38		1					88						
39		0					89						
40		0					90						
41		1					91						
42		1					92						
43		1					93						
44		2					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	44						TOTAL DEP.						
TOTAL CLAIMS	48						TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831